vs. OR = 0.47, p < 0.05). Compliance between males and females remained similar in both periods (p > 0.05). **CONCLUSION:** Despite significant improvement in recent years, the proportion of post-MI patients in UK, particularly the elderly, receiving aspirin-statin combination is significantly less than the NSF treatment goals. Intensive dissemination efforts are required to achieve greater impact of this policy.

PCV55

DELAY IN DIAGNOSIS AS A FACTOR IN INITIATION OF TREATMENT FOR HYPERCHOLESTEROLAEMIA

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OBJECTIVE: It is known that initiation of drug therapy for hypercholesterolaemia once diagnosed, is improving and now stands at around 60%. What is unclear is whether there is a delay between patients being identified with elevated cholesterol and a subsequent diagnosis of hypercholesterolaemia. To address this uncertainty, this database study followed patients with an initial recording of cholesterol greater than 5 mmol/L, through diagnosis and advice to treatment. **METHODS:** The DIN-LINK database, containing anonymised medical records from 1.5 million patients collected via GP practice computers, was used to identify and follow-up a cohort of patients with a recorded cholesterol level greater than 5 mmol/L. For inclusion, each patient had to have a baseline measurement taken between April 2001 and April 2002, a minimum of 12 months follow-up data and not been diagnosed with hypercholesterolaemia or be prescribed cholesterol lowering medications prior to the cholesterol measurement. **RESULTS:** A total of 3418 patients were identified as meeting the criteria. Of these, 991 (29%) were diagnosed as hypercholesterolaemic within 12 months, three-quarters of these on the same date as the recording of the elevated cholesterol. Of the initially identified 3418 patients, only 257 (8%) were prescribed cholesterol lowering medication within 12 months of the initial reading. **CONCLUSIONS:** For patients who are known to have elevated cholesterol 71% fail to receive a diagnosis of hypercholesterolaemia and 92% do not receive medication within 12 months of initial reading. Further analyses are required to determine the impact of these delays in diagnosis on patient outcomes.

PCV56

DELAY IN DIAGNOSIS AS A FACTOR IN INITIATION OF TREATMENT FOR HYPERTENSION

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OBJECTIVE: It is known that initiation of drug therapy for hypertension, once diagnosed, is now relatively high at around 85%. What is unclear is whether there is a delay between patients being identified with elevated blood pressure and a subsequent diagnosis of hypertension. To address this uncertainty, this database study followed patients with an initial recording of systolic blood pressure greater than 150 mmHg, through diagnosis and advice to treatment. **METHODS:** The DIN-LINK database, containing anonymised medical records from 1.5 million patients collected via GP practice computers, was used to identify and follow-up a cohort of patients with a recorded systolic blood pressure greater than 150mmHg. For inclusion each patient had to have a baseline measurement taken between April 2001 and April 2002, a minimum of 12 months follow-up data and not been diagnosed with hypertension or be prescribed antihypertensive medications prior to the blood pressure measurement. **RESULTS:** A total of 2880 patients were identified as meeting the criteria. Of these, 1469 (51%) were diagnosed as hypertensive within 12 months, two-thirds of these within one month of the recording of elevated blood pressure. Of the initially identified 2880 patients, only 579 (20%) were prescribed blood pressure lowering medication within 12 months of the initial reading. **CONCLUSIONS:** For patients who are known to have an elevated blood pressure 49% fail to receive a diagnosis of hypertension and 80% do not receive medication within 12 months of initial reading. Further analyses are required to determine the impact of these delays in diagnosis on patient outcomes.

PCV57

ASSOCIATION BETWEEN INSURANCE COVERAGE AND OUTCOMES FOR INDIVIDUALS HOSPITALIZED FOR NONHEMORRHAGIC STROKE

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OBJECTIVES: To evaluate associations between insurance coverage and length of stay, death, and discharge destination of patients hospitalized for non-hemorrhagic stroke. **METHODS:** A retrospective analysis was conducted of patients hospitalized for <30 days with a primary diagnosis of nonhemorrhagic stroke (ICD-9 code = 436) identified from a 10% sub-sample (745,099 cases) of the Health care Cost and Utilization Project (HCUP) 2000 database. The database contains hospitalizations from hospitals in 28 U.S. states. Associations between insurance coverage (Medicare, Medicaid or private/HMO) and length of stay, in-hospital death, and discharge destinations were analyzed using ANOVA, logistic and multinomial regression respectively, controlling for age, gender, race, admission type, admission source, comorbidities and socioeconomic status. Statistical analyses of the data were performed using SAS for Windows Version 8.2. An alpha of <0.05 was required for significance. **RESULTS:** Insurance type was not statistically significant in predicting LOS after adjusting for other risk factors (p = 0.2095). The interactions between insurance coverage and age, and between insurance and admission source were significant. After controlling for risk factors, insurance type had a significant association with in-hospital death rate (p = 0.0335). Medicare cases were significantly more likely to be discharged to home-health care (p = 0.0006), while private/HMO cases were less likely to be discharged to home-health care (p = 0.0071), even after controlling for risk factors. **CONCLUSIONS:** Insurance coverage had a significant association with in-hospital death risk and discharge destination in patients hospitalized for non-hemorrhagic stroke. Further study is needed to elucidate the basis for these associations.

PCV58

USE OF GPIIB/IIIA INHIBITORS IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION WITH DRUG-ELUTING STENTS

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OBJECTIVE: The objective of this study was to determine whether use of a drug-eluting stent (DES) affected the likelihood of receiving a glycoprotein (GP) IIb/IIIa inhibitor among patients undergoing percutaneous coronary intervention (PCI) with a stent. GP IIb/IIIa inhibitors have been used in conjunction with PCI to reduce ischemic events at or just following the time of the procedure. Drug-eluting stents, approved by the FDA on April 23, 2003, have been reported to decrease restenosis of a vessel over the long-term. GPIIa/IIIa inhibitors and drug-eluting stents